

**MDR Tracking Number: M4-03-6063-01**

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 4-22-03.

**I. DISPUTE**

Whether there should be reimbursement for CPT codes: 97545WH and 97546WH.

**II. FINDINGS & RATIONALE**

The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
6-3-02 to 7-11-02	97545WH 97546WH	\$5104.00	\$2979.40	F	\$51.20 / hr	CPT Code MAR	Insurance carrier submitted proof that payment was made per MFG; therefore, a dispute no longer exists and case is dismissed.

The above Findings, Decision and Order are hereby issued this 30<sup>th</sup> day of December 2004.

Elizabeth Pickle  
Medical Dispute Resolution Officer  
Medical Review Division